

Vendor's Offer

It is required that Offeror complete, sign and submit the original of this form to the City Procurement Office with the proposal response offer. An unsigned "Vendor's Offer", late proposal response and/or a materially incomplete response will be considered nonresponsive and rejected.

Offeror is to type or legibly write in ink all information required below.

Company Name: <u>McCandless of Arizona</u>	
Company Mailing Address: <u>1815 S. 39th AVE</u>	
City: <u>Phoenix</u>	State: <u>AZ</u> Zip: <u>85009</u>
Contact Person: <u>Jeff Hutchison</u>	Title: <u>Body Shop Manager</u>
Phone No. <u>602-455-6511</u>	FAX: <u>602-352-1262</u> E-mail: <u>Jeff.Hutchison@McCandlessAZ.com</u>
<u>Company Tax Information:</u>	
Arizona Transaction Privilege (Sales) Tax No.: <u>07-3921754</u> or	
Arizona Use Tax No.: _____	
Federal I.D. No.: <u>86-0411544</u>	
City & State Where Sales Tax is Paid: <u>Phoenix</u> , <u>AZ</u>	
If a Tempe based firm, provide Tempe Transaction Privilege (Sales) Tax No.: <u>N/A</u>	

THIS PROPOSAL IS OFFERED BY

Name of Authorized individual (TYPE OR PRINT IN INK) Jeff Hutchison
Title of Authorized Individual (TYPE OF PRINT IN INK) Body Shop Manager

REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

By signing this Proposal Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. In accordance with A.R.S. 35-393, et seq., the Offeror hereby certifies that it does not have scrutinized business operations in Iran or Sudan. Failure to sign and return this form with proposal offer will be considered nonresponsive and rejected.

[Signature]
Signature of Authorized Offeror

12-17-2009
Date

Form 201-B (RFP)
(H/RFP 5-2008)

Proposal Questionnaire

1. Please provide the address of your local facility that will supply services to the City of Tempe.

1815 S. 39TH AVE. PHOENIX, AZ 85009

2. Please provide contact information for the account representative to be assigned to the City of Tempe account, if awarded – name, phone, cell phone and e-mail.

Kellie MacKelvie

602-320-7460

Kellie.MacKelvie@mccandlessaz.com

3. Describe your company and its history.

WE ARE A DEALERSHIP REPRESENTING
INTERNATIONAL / NAVISTAR BRAND TRUCKS,
SERVING THE PHOENIX METRO AREA SINCE 1981.

4. What services will you offer to the City of Tempe?

COMPLETE PAINT & BODY SERVICES ON
CLASS 5 TO CLASS 8 MOTOR VEHICLES
AND TRAILERS.

5. Please provide certifications and describe the years of service for technicians and managers employed by your firm.

JEFF HUTCHISON - MANAGER - I-CAR PLATINUM - 20 YEARS

PEDRO JAIME - I-CAR & ASE - 15 YEARS

RUBEN CARRILLO - I-CAR & ASE - 15 YEARS

LEO NAVAREZ, I-CAR - 10 YEARS

MARIO NAVAREZ, I-CAR - 12 YEARS

FREDDY CASTAN, I-CAR - 8 YEARS

6. Provided the following information:

Job description	Quantity employed by your firm
Painters	3
ICRA certified paint technicians	2
Bodywork Technicians	6
ICRA certified body technicians	6
Qualified frame straightening technicians	4
Upholsters	0
Others – Specify below:	

7. What other related services can you provide to the City?

complete collision repair, mobile maintenance, frame straightening, sand blasting, painting.

8. What brands of paint do you utilize?

MARTEN-SEYNOUR, SHERWIN WILLIAMS, DUPONT, SIKKENS.

9. Is your facility ADEQ compliant?

Yes ☒ No ☐

10. Is your firm insured for vehicle transport?

Yes ☒ No ☐

11. What warranties do you offer for your parts, products, services and workmanship?
Please describe each warranty separately and in detail.

PART WARRANTIES VARY BY MANUFACTURER,
BODY SHOP LABOR & WORKMANSHIP - 1 Year
PAINT WARRANTY - 5 YEARS.

12. List three (3) local government or large corporate references for which you have provided similar products and services.

Firm	Contact	Phone
CITY of Phoenix	VARY HYDE	602-262-1607
U.S. DEPT. of Homeland Security	Michael Cherry	570-868-8460
U.S. POSTAL SERVICE	George Hernandez	602-225-3341

13. Do you agree to the Terms and Conditions of this RFP?

Yes ☒ No ☐

If No, explain below:

Company McL and less of ARIZONA

Pricing Section

Labor		Rate (per hour)	Billing increment (1/4 hr, 1/2 hr, full hour)
1.	Body Work (per hour rate)	\$ 50.00	Hour
2.	Paint Work (per hour rate)	\$ 50.00	Hour
3.	Mechanical repairs (per hour rate)	65.00	Hour
4.	Alignment	65.00	Hour
5.	Installation of decals (per hour rate)	\$ 50.00	Hour
6.	Glass and Lighting Repair (per hour rate)	\$ 50.00	Hour
7.	Frame and body component straightening	\$ 50.00	Hour
8.	Undercarriage and suspension work (per hour rate)	65.00	
9.	Miscellaneous labor – provide description and rates (per hour rate) below:		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Miscellaneous charges			
10.	Environmental fee rate structure	10.00 PER RO.	
11.	Shop supplies rate structure	10% of LABOR	
12.	Other charges – provide description and rates below:		
Parts & Supplies		Percentage	Mark-up or Discount
13.	Parts Mark up or discount offered – if required, list specific brands/lines below and include applicable mark-up or discount offered:	%	
		25	ABOVE COST
	All Non International	25 %	ABOVE COST.
		%	
		%	
		%	
		%	

* Applicable Tax 8.3 %

* State correct jurisdiction to receive sales tax on the Vendor's Bid Offer, form CS-P201 (B) included in this Invitation for Bid document.

Less prompt payments discount terms of ___ % ___ days/ or net thirty (30) days. (To apply after receipt and acceptance of an itemized monthly statement.) For bid evaluation purposes, the City cannot utilize pricing discounts based upon payments being made in less than thirty (30) days from receipt of statement.

Ordering and Invoice Instructions

In order to facilitate internal control and accounting, each City Department will order and must be invoiced separately. Monthly invoices must be segregated by City Department number and mailed or delivered directly to the City Customer Department. For most materials, there will be between three (3) and six (6) ordering departments. At the time an order is placed, the Contractor must obtain the ordering department's cost center numbers for billing purposes. The use of the department's cost center numbers will be in addition to the purchase order number. Once a month, the Contractor shall submit a consolidated statement which shall itemize the invoice numbers, invoice date, invoice amounts, and the total amount billed to Accounting. Discount offering will be based upon days from receipt of the consolidated monthly statement. Invoice(s) shall not show previous balances.

Invoices shall include:

1. Listing Of All Delivery/Pickup Receipt Numbers Being Invoiced.
2. Total Cost Per Item.
3. Applicable Tax.
4. Payment Terms.
5. Blanket Purchase Order Number.

Invoices that do not follow the above minimum invoicing requirements will not be paid. Payment must be applied to only invoices referenced on check/payment stub. The City reserves the right to bill contracted vendor for researching invoices that have been paid, but not properly applied by vendor account receivables office.

Statement mailing address: City of Tempe
Accounting (see below for your contact)
P.O. Box 5002
Tempe, Arizona 85280
Phone: 480-350-8355

Accounting Contacts:	Cecilia Miller	Letters A-C
	Ramona Zapien	Letters D-O
	Candace Duke	Letters P-Z